

Research Project Summary – Information for GDP practices

Study Title: Dental ExtraCtions versus fillings for adult teeth In children: a cost bEnefit/effectiveness analysis - DECIDE Study

IRAS ID: 288198

<p>Brief summary of the project</p>	<p>First permanent molar teeth begin to erupt around six years of age. Upon eruption, the prognosis for some of these teeth will already be compromised due to disturbances in their development. In other cases, if subjected to unfavourable conditions after eruption, these teeth may deteriorate from health causing and become compromised. In both situations, these teeth can be referred to as compromised first permanent molar teeth (cFPM). There are many causes of cFPM, however, a developmental anomaly known as molar incisor hypomineralisation (MIH) in childhood and/or dental caries are the most common.</p> <p>In general, there are three main treatment pathways available to help managed cFPM in children:</p> <ol style="list-style-type: none"> 1. No treatment and monitor the situation; 2. A restorative approach potentially also involving endodontic and fixed prosthetic restorations; and. 3. Extract the tooth with potential need for further orthodontic closure or fixed/removable prosthetic replacement <p>The aim of this study is to identify the most efficient pathway for compromised first permanent molars in children, in terms of extraction versus restoration, including establishing and incorporating public values.</p>
<p>What will the practice be expected to do?</p>	<p>Practices will opportunistically identify adults and adolescents who would be eligible to take part in semi-structured interviews. Practices will send a consent to contact form to the chief investigator. The interviews will be done via video call with the Chief Investigator or delegated individual.</p>
<p>Search criteria</p>	<p>Adolescents</p> <ul style="list-style-type: none"> • Aged 12 and over <p>Adults 16-65</p>

<p>What will the patient be expected to do?</p>	<p>Age-appropriate participant information sheets, developed in conjunction with young person and patient groups', will be made available to potential participants. Written consent (adults and adolescents) will be obtained, after assessing capacity to consent, prior to undertaking the interview. Parental consent, of the adolescents, will also be obtained.</p> <p>If requested, adolescents can be interviewed alongside their family member or carer for support, however, the focus will be on the adolescent as long as there is assent and parental consent in place.</p> <p>Interviews will be undertaken by the chief investigator. They will be audio recorded, transcribed verbatim, anonymised and analysed using an inductive thematic analysis approach (Braun and Clarke 2006) using NVivo software. Data analysis will be led by the Research Fellow and supported by the supervisory team. Original recordings will be erased from the recording device once transferred to the University service via the Remote Access Service. After data analysis, the original file will be deleted from the server space to protect the confidentiality of those who have participated. Pseudonymisation will occur following transcription of interview recordings, and any names or identifying information will be replaced with a pseudonym or generic statements. The research team will recognise the participation of parents and adolescents in interviews by offering them a £20 gift token.</p>
<p>Service Support Costs</p>	<p>GDP completion of eligibility check - £21.25 per 25 patients Opportunistic invite of adults/adolescents - £170 per 25 patients</p>
<p>Research Costs & Invoice Information</p>	<p>Local coordination and setup of study £54.11</p>
<p>COVID 19 considerations (if applicable)</p>	<p>Interviews with patients will be conducted via video call to ensure the study is Covid-secure. Recruitment posters will be laminated to place in practice reception areas.</p>

If you are interested in taking part or would like more information please contact your Research Operations Coordinator/Officer